August, 1991

(BPD)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Any other medical care and any other type of remedial care recognized under State specified by the Secretary.								
a.	Tran	Transportation.						
	X	Provided:		No limitations	\times	With limitations*		
		Not Provided:						
b.	b. Services of Christian Science nurses.							
		Provided:		No limitations		With limitations*		
	\times	Not Provided:						
c.	Care and services provided in Christian Science sanitoria.							
	\times	Provided:	X	No limitations		With limitations*		
		Not Provided:						
d. Nursing facility services for patients under 21 years of age.								
	X	Provided:	X	No limitations		With limitations*		
		Not Provided:						
e.	Emergency hospital services.							
	X	Provided:	X	No limitations		With limitations*		
		Not Provided:						
f.	Personal care services in recipient's home, prescribed in accordance with treatment and provided by a qualified person under supervision of a register							
		Provided:		No limitations		With limitations*		
	\boxtimes	Not Provided:						

TN No.

HCFA ID:

7986E

Revision: HFCA-PM-94-9 (MB)

December, 1994

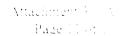
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA									
AM	10UNT, DURA	ATION, AND SCO		ND REMEDIAL CARE AND	SERVICE PROVIDED TO				
25.	Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-								
		Provided:	×	Not provided					
26.	facility, into authorized individual v	ermediate care fact for the individual	ility for the mental by a physician in a	who is not an inpatient or res y retarded, or institution for n cordance with a plan of treati es and who is not a member o	nental disease that are (A) nent, (B) provided by an				
		Provided:	☐ State approv	ed (not physician) service plan a	allowed				
			☐ Services out	side the home also allowed					
			☐ Limitations	described on Attachment					
	5 3	Not Provided							
27.	Private nea 101-508 §44		nums, coinsurance	and deductibles when cost-effe	ective (pursuant to P.L.				
TN No Supers		Approval !	Date JAN 3 1	1996 Effectiv	ve Date <u>11-1-95</u>				

TN No. <u>93-04</u>

HCFA ID: 7986E



	STATE PLAN UNDF	ER TITLE XIX O	F THE SO	CIAL SECURITY ACT				
State	of VIRGINIA AMOUNT.	DURATION, AN	D SCOPE (OF MEDICAL				
	AND REMEDIAL CARE SE	RVICES PROVID	ED TO TH	IE CATEGORICALLY NE	EEDY			
28.	Program of All-inclusive Care for the Elderly (PACE) services, as described and limited Supplement 3 to Attachment 3.1-A.							
	provided	_	XX	not provided				
ΓΝ Νο	o. App	roval Date UN	3 1999	Effective Date	07/1/99			

Supersedes TN No. N/A

HCFA ID: